Smoking Cessation Class Reimbursement FY2004



CLASS PROVIDED BY  CLASS FEE S S S S S S S S S S S S S S S S S S	HOME ADDRESS  CITY / STATE / ZIP  HOME PHONE  EMPLOYEE INFORMATION  EMPLOYEE/DEPARTMENT (Please do not abbreviate)  DIVISION  WORK ADDRESS  CITY / STATE / ZIP  WORK PHONE  ( )  SPOUSE INFORMATION  EMPLOYEE'S SOCIAL SECURITY NUMBER  OTHER INFORMATION  E-MAIL ADDRESS  COUNTY  DID YOU ATTEND HEALTHY UTAH?  Yes No  TESTING DATE  STATUS  Primary Subscriber  Spouse  INSTRUCTOR / CLASS INFORMATION  CLASS FEE  AMOUNT FOR REIMBURSEMENT  (PFHP reimburses 1/2 the cost of a smoking cases and remain smoke-free for at lest four weeks.  1. Must currently snoke. 2. Attend all classes (or make up the classes missed) of an approved community class: 3. Quit smoking during the class course and remain smoke-free for at lest four weeks.  1. INSTRUCTOR VERIFICATION  SESSION # 1 2 3 4 5 6 7 8 9 10 11 12  ATTENDANCE DATES  CESSATION  (mark with an Y coeth week as a non-smoken)  INSTRUCTOR'S INITIALS  ACTUAL QUIT DATE  INSTRUCTOR'S SIGNATURE (At the end of class)	MEMBER INFORMA	ATION												
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